

# NATIONAL ENDOWMENT FOR THE HUMANITIES

## THREE-YEAR BUDGET FORM

Project Director: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Requested Grant Period From (mo/yr): \_\_\_\_\_ Thru (mo/yr): \_\_\_\_\_

If this is a revised budget, indicate the NEH application/grant number: \_\_\_\_\_

*The three-column budget has been developed for the convenience of those applicants who wish to identify the project costs that will be charged to NEH funds and those that will be cost shared. **FOR NEH PURPOSES, THE ONLY COLUMN THAT NEEDS TO BE COMPLETED IS COLUMN C.** The method of cost computation should clearly indicate how the total charge for each budget item was determined. If more space is needed for any budget category, please follow the budget format on a separate sheet of paper. Click [HERE](#) to see the detailed instructions.*

### SECTION A – Year #1

Budget detail for the period FROM (mo/yr): \_\_\_\_\_ THRU (mo/yr): \_\_\_\_\_

When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the budget. For projects that will run less than eighteen months, only the last column of the budget should be completed.

#### 1. Salaries and Wages

Provide the names and titles of the principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

Name/Title of Position	No.	Method of Cost Computation (see sample)	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ _____	\$ _____

#### 2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

Rate	Salary Base	(a)	(b)	(c)
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ _____	\$ _____

**3. Consultant Fees**

Include payments for professional and technical consultants and honoraria.

Name or type of consultant	No. of days on project	Daily rate of compensation	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ _____	\$ _____

**4. Travel**

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

From/To	#	*	Subsistence Costs +	Transportation Costs =	(a)	(b)	(c)
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL					\$ _____	\$ _____	\$ _____

# - Number of persons    \* - Total travel days

**5. Supplies and Materials**

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

Item	Basis/Method of Cost Computation	(a)	(b)	(c)
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ _____	\$ _____

## 6. Services

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment.

Item	Basis/Method of Cost Computation	NEH Funds (a)	Cost Sharing (b)	Total (c)
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
	SUBTOTAL	\$ _____	\$ _____	\$ _____

## 7. Other Costs

Include participant stipends and room and board, equipment purchases, and other items not previously listed. Please note that “miscellaneous” and “contingency” are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

Item	Basis/Method of Cost Computation	NEH Funds (a)	Cost Sharing (b)	Total (c)
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
	SUBTOTAL	\$ _____	\$ _____	\$ _____

<b>8. Total Direct Costs</b> (add subtotals of items 1 to 7)	\$	\$	\$
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**9. Indirect Costs**

This budget item applies only to institutional applicants. If indirect costs are to be charged to this project, **CHECK THE APPROPRIATE BOX BELOW** and provide the information requested. Refer to the budget instructions for explanations of these options.

- ☐ Current indirect cost rate(s) has/have been negotiated with federal agency. (Complete items A and B.)
- ☐ Indirect cost proposal has been submitted to a federal agency, but not yet negotiated. (Indicate the name of the agency in Item A and show proposed rate(s) and base(s) and the amount(s) of indirect costs in item B.)
- ☐ Indirect cost proposal will be sent to NEH if application is funded. (Provide in Item B an estimate of the rate that will be used and indicate the base against which it will be charged and the amount of indirect costs.)
- ☐ Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items, up to a maximum charge of \$5,000 per year. (Under Item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5,000 per year, whichever value is less.)
- ☐ For Public Program projects only: Applicant is a sponsorship (umbrella) organization and chooses to charge an administrative fee of 5% of total direct costs. (Complete Item B.)

**Item A.** Name of federal agency: \_\_\_\_\_  
Date of agreement: \_\_\_\_\_

**Item B.**

Rate(s)	Base(s)	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
<b>TOTAL INDIRECT COSTS</b>		\$ _____	\$ _____	\$ _____

**10. Total Project Costs** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Direct and Indirect) for budget period.

# NATIONAL ENDOWMENT FOR THE HUMANITIES

## THREE-YEAR BUDGET FORM

Project Director: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Requested Grant Period From (mo/yr): \_\_\_\_\_ Thru (mo/yr): \_\_\_\_\_

If this is a revised budget, indicate the NEH application/grant number: \_\_\_\_\_

*The three-column budget has been developed for the convenience of those applicants who wish to identify the project costs that will be charged to NEH funds and those that will be cost shared. **FOR NEH PURPOSES, THE ONLY COLUMN THAT NEEDS TO BE COMPLETED IS COLUMN C.** The method of cost computation should clearly indicate how the total charge for each budget item was determined. If more space is needed for any budget category, please follow the budget format on a separate sheet of paper.*

### SECTION A – Year #2 (if needed)

Budget detail for the period FROM (mo/yr): \_\_\_\_\_ THRU (mo/yr): \_\_\_\_\_

When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the summary budget. For projects that will run less than eighteen months, only the last column of the summary budget should be completed.

#### 1. Salaries and Wages

Provide the names and titles of the principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

Name/Title of Position	No.	Method of Cost Computation (see sample)	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ _____	\$ _____

#### 2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

Rate	Salary Base	(a)	(b)	(c)
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ _____	\$ _____

**3. Consultant Fees**

Include payments for professional and technical consultants and honoraria.

Name or type of consultant	No. of days on project	Daily rate of compensation	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ _____	\$ _____

**4. Travel**

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

From/To	#	*	Subsistence Costs +	Transportation Costs =	(a)	(b)	(c)
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL					\$ _____	\$ _____	\$ _____

# - Number of persons    \* - Total travel days

**5. Supplies and Materials**

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

Item	Basis/Method of Cost Computation	(a)	(b)	(c)
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ _____	\$ _____

## 6. Services

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment.

Item	Basis/Method of Cost Computation	NEH Funds (a)	Cost Sharing (b)	Total (c)
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
	SUBTOTAL	\$ _____	\$ _____	\$ _____

## 7. Other Costs

Include participant stipends and room and board, equipment purchases, and other items not previously listed. Please note that “miscellaneous” and “contingency” are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

Item	Basis/Method of Cost Computation	NEH Funds (a)	Cost Sharing (b)	Total (c)
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
	SUBTOTAL	\$ _____	\$ _____	\$ _____

**8. Total Direct Costs** (add subtotals of items 1 to 7) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**9. Indirect Costs**

This budget item applies only to institutional applicants. If indirect costs are to be charged to this project, **CHECK THE APPROPRIATE BOX BELOW** and provide the information requested. Refer to the budget instructions for explanations of these options.

- ☐ Current indirect cost rate(s) has/have been negotiated with federal agency. (Complete items A and B.)
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- ☐ Indirect cost proposal will be sent to NEH if application is funded. (Provide in Item B an estimate of the rate that will be used and indicate the base against which it will be charged and the amount of indirect costs.)
- ☐ Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items, up to a maximum charge of \$5,000 per year. (Under Item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5,000 per year, whichever value is less.)
- ☐ For Public Program projects only: Applicant is a sponsorship (umbrella) organization and chooses to charge an administrative fee of 5% of total direct costs. (Complete Item B.)

**Item A.** Name of federal agency: \_\_\_\_\_  
Date of agreement: \_\_\_\_\_

**Item B.**

Rate(s)	Base(s)	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
<b>TOTAL INDIRECT COSTS</b>		\$ _____	\$ _____	\$ _____

**10. Total Project Costs** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Direct and Indirect) for budget period.



# NATIONAL ENDOWMENT FOR THE HUMANITIES

## THREE-YEAR BUDGET FORM

Project Director: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Requested Grant Period From (mo/yr): \_\_\_\_\_ Thru (mo/yr): \_\_\_\_\_

If this is a revised budget, indicate the NEH application/grant number: \_\_\_\_\_

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### SECTION A – Year #3 (if needed)

Budget detail for the period FROM (mo/yr): \_\_\_\_\_ THRU (mo/yr): \_\_\_\_\_

When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the summary budget. For projects that will run less than eighteen months, only the last column of the summary budget should be completed.

#### 1. Salaries and Wages

Provide the names and titles of the principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

Name/Title of Position	No.	Method of Cost Computation (see sample)	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
_____	[ ]	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ _____	\$ _____

#### 2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

Rate	Salary Base	(a)	(b)	(c)
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
_____ % of \$	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ _____	\$ _____

**3. Consultant Fees**

Include payments for professional and technical consultants and honoraria.

Name or type of consultant	No. of days on project	Daily rate of compensation	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ _____	\$ _____

**4. Travel**

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

From/To	#	*	Subsistence Costs +	Transportation Costs =	(a)	(b)	(c)
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[ ]	[ ]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL					\$ _____	\$ _____	\$ _____

# - Number of persons    \* - Total travel days

**5. Supplies and Materials**

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

Item	Basis/Method of Cost Computation	(a)	(b)	(c)
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ _____	\$ _____

## 6. Services

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment.

Item	Basis/Method of Cost Computation	NEH Funds (a)	Cost Sharing (b)	Total (c)
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
	SUBTOTAL	\$ _____	\$ _____	\$ _____

## 7. Other Costs

Include participant stipends and room and board, equipment purchases, and other items not previously listed. Please note that “miscellaneous” and “contingency” are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

Item	Basis/Method of Cost Computation	NEH Funds (a)	Cost Sharing (b)	Total (c)
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
	SUBTOTAL	\$ _____	\$ _____	\$ _____

**8. Total Direct Costs** (add subtotals of items 1 to 7) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

## 9. Indirect Costs

This budget item applies only to institutional applicants. If indirect costs are to be charged to this project, **CHECK THE APPROPRIATE BOX BELOW** and provide the information requested. Refer to the budget instructions for explanations of these options.

- ☐ Current indirect cost rate(s) has/have been negotiated with federal agency. (Complete items A and B.)
- ☐ Indirect cost proposal has been submitted to a federal agency, but not yet negotiated. (Indicate the name of the agency in Item A and show proposed rate(s) and base(s) and the amount(s) of indirect costs in item B.)
- ☐ Indirect cost proposal will be sent to NEH if application is funded. (Provide in Item B an estimate of the rate that will be used and indicate the base against which it will be charged and the amount of indirect costs.)
- ☐ Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items, up to a maximum charge of \$5,000 per year. (Under Item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5,000 per year, whichever value is less.)
- ☐ For Public Program projects only: Applicant is a sponsorship (umbrella) organization and chooses to charge an administrative fee of 5% of total direct costs. (Complete Item B.)

**Item A.** Name of federal agency: \_\_\_\_\_  
Date of agreement: \_\_\_\_\_

**Item B.**

Rate(s)	Base(s)	NEH Funds (a)	Cost Sharing (b)	Total (c)
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
<b>TOTAL INDIRECT COSTS</b>		\$ _____	\$ _____	\$ _____

**10. Total Project Costs** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Direct and Indirect) for budget period.

**SECTION B****SUMMARY BUDGET**

Transfer from Section A the total costs (column C) for each category of project expense. When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the summary budget. For projects that will run less than eighteen months, only the last column of the summary budget should be completed.

<i>Budget categories</i>	First year from: thru:	Second year from: thru:	Third year from: thru:	TOTAL COSTS FOR ENTIRE GRANT PERIOD
1. Salaries and wages	\$ _____	\$ _____	\$ _____	= \$ _____
2. Fringe benefits	\$ _____	\$ _____	\$ _____	= \$ _____
3. Consultant fees	\$ _____	\$ _____	\$ _____	= \$ _____
4. Travel	\$ _____	\$ _____	\$ _____	= \$ _____
5. Supplies and materials	\$ _____	\$ _____	\$ _____	= \$ _____
6. Services	\$ _____	\$ _____	\$ _____	= \$ _____
7. Other costs	\$ _____	\$ _____	\$ _____	= \$ _____
8. Total direct costs (Items 1-7)	\$ _____	\$ _____	\$ _____	= \$ _____
9. Indirect costs	\$ _____	\$ _____	\$ _____	= \$ _____
10. Total project costs (direct and indirect)	\$ _____	\$ _____	\$ _____	= \$ _____

**PROJECT FUNDING FOR ENTIRE GRANT PERIOD**

1. Indicate the amount of outright and/or federal matching funds that is requested from NEH.
2. Indicate the amount of cash contributions that will be made by the applicant and cash and in-kind contributions made by third parties to support project expenses that appear in the budget. Cash gifts that will be raised to release federal matching funds should be included under "Third-party contributions." (Consult the program guidelines for information on cost sharing requirements.) When a project will generate income that will be used during the grant period to support expenses listed in the budget, indicate the amount of income that will be expended on budgeted project activities. Indicate funding received from other federal agencies.
3. Total Project Funding should equal Total Project Costs.

**1. REQUESTED FROM NEH**

Outright \$ \_\_\_\_\_  
Federal Matching \$ \_\_\_\_\_

TOTAL NEH FUNDING \$ \_\_\_\_\_

**2. COST SHARING**

Applicant's contributions \$ \_\_\_\_\_  
Third-party contributions \$ \_\_\_\_\_  
Project income \$ \_\_\_\_\_  
Other federal agencies \$ \_\_\_\_\_

TOTAL COST SHARING \$ \_\_\_\_\_

**3. TOTAL PROJECT FUNDING (Total NEH Funding + Total Cost Sharing) :** \$ \_\_\_\_\_

*Submission of a Revised Budget*

When submitting a revised budget, the Institutional Grant Administrator or Individual Applicant should provide the information requested below. The signature of this person indicates approval of the budget submission and the agreement of the organization/individual to cost share project expenses at the level under "Project Funding."

Name and Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_